

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

Delamater -
Woolchidge.

NOV 18 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28657

1. PLACE OF DEATH
 7 County Bates Registration District No. 50
 3 Township Primary Registration District No. 3004
 4 City Butler (No. St. Ward ..)

2. FULL NAME Mrs Luella Thomas
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Thomas.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>1</u>
		<u>19</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>J. E. Wood.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Lavina Mann.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>JW Thomas</u> (ADDRESS) <u>Butler Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmers.</u> DATE <u>Sept. 28</u> 19 <u>35</u>		
19. UNDERTAKER <u>butlers</u> (ADDRESS) <u>Butler Mo.</u>		
20. FILED <u>Sept 28</u> 19 <u>35</u> <u>Mrs L. C. Butler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1935, to 9-26, 1935
 I last saw him alive on 9-26, 1935 Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of the heart with myocardial degeneration

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) Arthur M. Woolchidge, M. D.
 (Address) Butler, Mo.

